

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591483

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	2		/			
7	2		/			
8	1		/			
9	1		/			
10	12		/			
11	12		/			
12	12		/			
13	12		/			
14	12		/			
15	12		/			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	23	←	19	←		←
TOTAL CLAIMS	25		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						